No. 300
10.48

FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29908

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 55-68 Registrar's No. 353

1. PLACE OF DEATH
a. COUNTY: Jackson Rural. Blue.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt 3 Lees Summit
c. LENGTH OF STAY (In this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Little Blue Rd

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Lees Summit
Is Residence within limits of a city or incorporated town? Yes ☐ No ☑
STREET ADDRESS (If rural, give location): Rt 3 Little Blue Rd

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): B.
c. (Last): Collins

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 19 1882
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 0, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Ret. Telegraph Operator
10b. KIND OF BUSINESS OR INDUSTRY: C.M.+O.R.R.
11. BIRTHPLACE (City and State or Foreign Country): Liberty, Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Samuel F. Collins
13b. MOTHER'S MAIDEN NAME: Nancy Brooks
14. NAME OF HUSBAND OR WIFE: Edna Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): _____
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Samuel R. Collins ADDRESS: Rt. 3.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4200

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Natural
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hugh H. Owens Coroner
23b. ADDRESS: 1036 Rialto Raleigh
23c. DATE SIGNED: 9-17-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 19 55
24c. NAME OF CEMETERY OR CREMATORY: Barry Cemetery
24d. LOCATION (City, town, or county) (State): Near Kansas City, Mo

DATE REC'D BY LOCAL REG.: 9-19-55
REGISTRAR'S SIGNATURE: Ernest Craig
25. FUNERAL DIRECTOR'S SIGNATURE: Wilson L. Pepley ADDRESS: Independence Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 5 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ... Wilson L. Kepley .....

Licensed Embalmer No. 422

P. O. Address Andyo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.